

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington**

**Local Health Jurisdiction  
Immunization Assessment Capacity Building Project  
Application Instructions & Grant Proposal Outline**

**APPLICATION DUE DATE: 3:00 p.m., April 30, 2002**

**Application Instructions**

**INTRODUCTION**

The Washington State Department of Health (DOH) Immunization Program is pleased to announce the opportunity for local health jurisdictions (LHJs) to apply for funds and technical assistance to conduct population based immunization assessments among preschool children in 2002.

Periodic, local area assessments of immunization coverage can identify populations of preschool children with inadequate coverage and help lead to targeted action. Increasing the adequacy of immunization coverage among these children continues as a public health priority in Washington State. In the interest of continuing to identify "Pockets of Need", enhancing assessment capacity and working collaboratively with local public health departments to determine immunization coverage rates in Washington preschoolers, the Immunization Program has earmarked funding to implement a fifth year of assessment projects. During the past four years, several projects have been successfully conducted with Benton/Franklin, Clark, Grant, Grays Harbor, King, Lincoln, Thurston, Snohomish, Spokane and Yakima Counties. Whatcom County provided its own funding to complete a survey in 2001 with technical consultation provided by the DOH Immunization Program. The Program is currently soliciting applications from jurisdictions interested in receiving funding for this year's project.

The Program is offering grant money to fund projects with a total cap of \$32,000 per award. This funding must be spent by December 31, 2002. It is expected that local health jurisdictions will be responsible for securing additional funds and/or resources to meet the total costs of the project.

The objectives of the project are:

To determine verified combined and antigen specific immunization coverage in children aged 19-35 months who reside in predefined geographic areas in Washington State.

To identify populations of underimmunized children within predefined geographic areas in Washington State in accordance with Federal 2002 Immunization Grant requirements.

To build immunization assessment capacity in selected local health jurisdictions.

### **INSTRUCTIONS TO APPLICANTS**

Please submit the proposal application with original signatures, being signed and dated by the Local Health Officer or Administrator.

**Please fax the proposal by 3:00PM April 30, 2002 to:  
(360) 236-3590**

Attention: Dr. Patricia deHart, Epidemiologist  
Department of Health Immunization Program

Proposals will be reviewed and evaluated by an evaluation committee consisting of representatives from DOH and other sources if considered appropriate. DOH reserves the right to reject any proposals received without penalty. The final selection, if any, will be those proposals which best meet the requirements set forth in the application instructions. In the event it becomes necessary to revise any part of the application instructions, addenda will be provided to all health jurisdictions that requested an application packet.

The period of performance of any contract resulting from this application process is tentatively scheduled to begin on or about May 22, 2002 and the contract will be in force through December 31, 2002. Jurisdictions whose proposals have not been selected for award will be notified on or about May 23, 2002. DOH cannot be liable for any costs incurred as you prepare to submit a proposal. To apply for these grant moneys, applicants must be a Washington State Local Health Jurisdiction as defined by RCW 70.05.

### ANTICIPATED PROJECT TIMELINE (PRELIMINARY)

On or before April 4	LHJs receive application materials.
April 30	Deadline for receipt of submitted proposals.
May 21	Notification of awards.
June	Training conducted on methodology by DOH.
July-December	LHJs conduct survey and provider verification.
October 1	Midterm progress report.
January 31, 2003	LHJs submit final project deliverables.

### TECHNICAL SPECIFICATIONS

#### General Methodology

To insure comparability of information across geographic areas, among various populations and across time, immunization assessments need to be conducted using standardized methods, including the collection of a core set of data elements. Funding, training and technical assistance will be provided to conduct surveys using either of two standard population-based methodologies, a household cluster survey or a birth certificate followback survey. When selecting the specific method, one must consider the advantages and disadvantages of each for the specific area and the possibility that any future assessments would be best conducted using the same methods to insure comparability over time.

#### Selecting a Survey Methodology

To determine which type of survey would work best in your geographic area, please evaluate the density and stability of the target population of children. Information available from the VISTA system may be helpful for this. The cluster survey is an efficient method for areas that are densely populated and is preferred for those that have a high amount of in- or out- migration. The costs of conducting cluster surveys can be high, especially in sparsely populated rural areas. The birth certificate followback survey is the more efficient method for rural, sparsely populated areas and those with stable populations- those having a low amount of in or out- migration. The costs related to contacting families that have moved out of the area can be high.

#### Birth Certificate Followback

The birth certificate followback methodology will use modified standard procedures for Childhood Immunization Birth Certificate Followback Surveys provided by the Centers for Disease Control and Prevention (CDC). In this type of survey, a random sample of children is chosen from birth certificate data for all children born to mothers living in the area at the time of the child's birth. The birth certificate followback methodology specifies a minimum simple random sample of 100 children for each sub-population birth cohort for which a stable coverage rate is to be

calculated, adjusted upward for non-response and out-migration. In previous project years, the birth certificate followback methodology sample sizes were adjusted upward to between 200-250 children. A limitation of this methodology is that children born elsewhere but currently residing in the sampled area are excluded. Also, children born in the survey area may be difficult to locate if they have moved out of the area.

### Household Cluster Survey

The cluster survey methodology will include probability proportionate, multi-stage cluster sampling developed by Serfling, and modified by the World Health Organization Expanded Programme on Immunization (EPI) and the CDC. This method identifies a fixed number, usually 30, of randomly selected geographic areas or “clusters” containing a sufficient number of housing units to provide an adequate sample of children in the specified age range. The cluster survey methodology provides a sample size of at least 210 children for each sub-population for which a stable coverage rate is to be calculated. If the survey results are to be evaluated for several specific population sub-groups, the sample size will need to be increased accordingly. Also, consider that to accommodate for non-response, the target sample size should be adjusted upward. Geographic cluster areas must be identified prior to selection. Housing units within each cluster are then systematically screened for families with eligible children. After recruitment, immunization information will be collected for all children aged 19 - 35 months in the household. This cluster survey method surveys eligible children currently living in an area regardless of birthplace, but misses those children who have moved out of the area. By design, estimates obtained in a cluster sample survey are less precise than estimates obtained by simple random sampling and can only be validly made using specific, appropriate software packages. Comparisons across clusters within the survey are invalid, and results can be generalized only to the population from which the sample was drawn.

### Age Criteria

To offer greater flexibility in developing project proposals and to increase feasibility for counties that have small annual birth cohorts, the maximum allowable age-range to survey is 12-48 months (from the first birthday up to the fourth birthday). However, all samples must include children in the core age-range of 19-35 months of age, that is, children born between September 1, 1999 and January 31, 2001. Information gained from surveying children 19-35 months of age is the most current for children around 2 years of age and is comparable to available data from other local and state surveys such as the National Immunization Survey. If the age-range is expanded beyond this minimum, please explain in your application why such information would be helpful.

Please keep in mind that although information on the immunization status of younger children may be gained through sampling them, information about whether or not they will be fully vaccinated by age two will not be available from

the survey. The immunization status of younger children may also be influenced by changes in practice that may differ from the core cohort aged 19-35 months.

For the children in the older age ranges, immunization status information will not be as current as the core age group, may have been influenced by immunization practices that have since changed, and may be different from current two-year-olds due to differences in the population profile. Thus, the immunization information of older children may not be directly comparable to that of younger children.

#### Survey Questionnaire

Once the samples are chosen through one of the aforementioned methods, the surveys will proceed in the same manner, and the Immunization Program has developed a core, standardized questionnaire to be administered, based on a recent review of the literature on underimmunization risk and protective factors. Feedback on the questionnaire will be solicited, and a limited set of additional survey questions that address area-specific factors may be submitted for approval following notice of award.

#### Provider Verification

Immunization providers of the surveyed children must verify information on vaccinations. During interviews, survey respondents will be asked to provide informed consent to allow survey staff to contact any providers listed. Standardized methods will be used to contact providers to verify the dates and types of vaccines given. At a minimum, provider records will be reviewed for all children who have incomplete or missing written and signed immunization cards (e.g., Lifetime Immunization Record).

### REPORTING REQUIREMENTS

Those jurisdictions receiving awards will be responsible for submitting the following reports:

Midterm Progress Report - Due October 1, 2002: *includes the status of mapping, staffing and training activities, and lists the dates for expected implementation of data collection and provider verification.*

Final Report - Due January 31, 2003: *includes a minimum surveillance level analysis, a description of methods used, an analysis of survey response and potential biases, a description of the populations targeted and their important characteristics, overall and selected stratified immunization coverage rates (using standard algorithms for immunization coverage provided by DOH), other initial findings, a description of how the LHJ plans*

*to continue to analyze and use the survey data beyond the funded period and current usage of the data at the local level.*

*Copy of Survey Data - Due January 31, 2003: includes the provision of the actual cleaned and edited computerized data files with adequate documentation of the data elements and coding.*

### **MISCELLANEOUS PROVISIONS**

It is anticipated that any awards by DOH will be in the form of a capped price contract, to be incorporated into the local health jurisdictions' existing Consolidated Contract with the DOH. All funds must be expended by December 31, 2002. In some circumstances, and with DOH approval, the use of sub-contractors to perform selected services may be authorized.

All protests regarding this application process must be in writing and signed by the protesting party. The protest must state all facts and arguments on which the protesting party is relying. Only protests stipulating an issue of fact concerning a matter of bias, discrimination or conflict of interest shall be considered. The protest must be received by DOH within seven (7) business days after mailing of the notification of contract award letter. DOH will then consider all the information available and render a written decision within seven (7) business days of receipt of the protest, unless additional time is required. If additional time is required, the protesting party will be notified of the delay.

# State of Washington

## Department of Health

### Local Health Jurisdiction Immunization Assessment Capacity Building Project 2002 Fax-Back Application Form

Instructions to the LHJ: **Please complete form and fax to:**

Dr. Patricia deHart, Epidemiologist  
Department of Health Immunization Program  
(360) 236-3590

For questions and/or more information, please call Dr. deHart at (360) 236-3537  
or Ms. Ros Aarthun at (360) 236-3527

1. Name of applicant LHJ: \_\_\_\_\_
2. Name of contact person: \_\_\_\_\_
3. Phone number of contact person: \_\_\_\_\_
4. Target survey population: (Check)
  - ☐ 19-35 completed months of age
  - ☐ 12-35 completed months of age
  - ☐ 19-48 completed months of age
  - ☐ 12-48 completed months of age
5. Target survey area: (Check and specify)
  - ☐ Single county-wide - Specify \_\_\_\_\_
  - ☐ Multiple counties - Specify \_\_\_\_\_
  - ☐ Sub area within single county – Specify \_\_\_\_\_
  - ☐ Sub area in multiple counties – Specify \_\_\_\_\_
6. Annual birth cohort of county(s) in survey area: \_\_\_\_\_  
Specify county(s): \_\_\_\_\_

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7. Type of survey methodology: (Check)

- ☐ Birth certificate followback survey
- ☐ Household cluster survey

8. State why the data from this survey is needed by the LHJ and how it will be used:

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9. Will specific ethnicities/cultures/languages be included in the survey population?

- ☐ Yes, specify\_\_\_\_\_
- ☐ No

10. Will translations or interpreters be needed?

- ☐ Yes, specify\_\_\_\_\_
- ☐ No

11. How many childhood immunization providers serve the target area?\_\_\_\_\_

Describe in general terms\_\_\_\_\_

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**Project Personnel and Budget**

12. Name of project manager: \_\_\_\_\_

Position: \_\_\_\_\_

12. Names and positions of other LHJ staff on project: \_\_\_\_\_

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12. Names (if available) and positions of staff to be hired: \_\_\_\_\_

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Signature of Health Officer or Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

## 2002 Fax-Back Application Form – Immunization Assessment Project – Page 3

1. Financial Request - *State your request for funding, including the total dollar amount requested.*
2. Budget - *It is anticipated that the contract, if any, DOH awards as a result of this application process, will be a capped price contract. Therefore, please provide a line-item budget using the noted sample format below and including at a minimum these categories: personnel (salary and fringe benefits), equipment, supplies, travel, administrative (rent, utilities, etc.), data entry and other expenses. Proposed staff should be identified by name (if available), title, and hours @ hourly rate during contract execution. All funds must be expended by December 31, 2002. No contract extensions are allowed.*

	<b>Requested from <u>DOH</u></b>	<b>Other Funding <u>Sources</u></b>	<b>Total Project <u>Budget</u></b>
<b>Personnel</b>			
Name, job title, hours @ hourly rate	\$	\$	\$
<b>Total Personnel</b>	\$	\$	\$
<b>Operating Expenses</b>			
Equipment (detail required)	\$	\$	\$
Supplies	\$	\$	\$
Travel	\$	\$	\$
Administrative	\$	\$	\$
Data Entry	\$	\$	\$
Other Expenses	\$	\$	\$
<b>Total Operating Expenses</b>	\$	\$	\$
<b>TOTAL PROPOSED EXPENSES</b>	\$	\$	\$